



Continuous Quality Improvement (CQI)
2015 Access Case Record Review Report
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CQI 2015 Access Case Record Review Report Tracking Sheet

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Introduction and Goals of Review

One of the most essential child protective services functions happens at Access, when a reporter—a teacher, neighbor, parent, relative, healthcare worker, police officer—calls his or her local child welfare agency¹ to report suspected maltreatment of a child. Access workers collect pertinent information and are required to quickly assess the information to appropriately respond to alleged reports of child abuse and/or neglect. Decision-making is the most critical task performed by Access supervisors, with each decision potentially affecting the immediate safety and well-being of children and their families.

In early 2015, the Department of Children and Families (DCF) set out to assess the overall quality of Access practice across the State of Wisconsin as part of the newly revised Child Welfare Continuous Quality Improvement (CQI) system.² The 2015 review of Child Protective Services Access Reports (referred to throughout as CPS Reports) focused on two primary goals and a third long-term goal.

Goals for Review of CPS Access

Goal 1: Establish a Statewide Baseline for CPS Access Practice. The first main goal was to establish a statewide baseline of adherence to Access and Initial Assessment Standards and consistency of decision-making based on Standards. DCF determined this baseline by systematically examining CPS Reports—the information documented, the safety and risk analyses conducted, and decisions made—throughout the state. Goal 1 is the primary focus of this report.

Goal 2: Test the New Case Record Review Process. The second goal was to test the new case record review process to ensure that it provides the information needed to understand the strengths and challenges of CPS Access. DCF used the 2015 review to refine the case record review process, establish data collection methods, and ensure that the review instrument gathers useful information. Necessary adjustments will be made to further improve the Access case record review process in 2016. Detailed information about this year's case record review process, methods, results and discussion can be found in Appendix A; suggestions for changes to future reviews can be found in the Recommendation section.

A long-term goal is to use these and future review results along with other information to understand what areas of practice are correlated with the outcomes that DCF wants to see for children and families. As the initial report on CPS Access, this report looks primarily at correlations between key areas of CPS Access practice and short-term outcomes such as the consistency of screening decisions based on Access and Initial Assessment Standards to identify areas of strength and challenge in the Access process statewide. After subsequent reviews, DCF will be able to collect and analyze case record review

¹ Wisconsin has a state-supervised, county-administered child welfare system. Local human services agencies (in 71 of the 72 counties) are responsible for child welfare service delivery with oversight from the Department of Children and Families (DCF). In Milwaukee County, DCF directly administers child welfare services through the Bureau of Milwaukee Child Welfare (BMCW). Note as of October 2015, BMCW has changed its name to the Division of Milwaukee Child Protective Services (DMCPS).

² The Bureau of Performance Management (BPM) has been tasked with developing and implementing the case record review instruments and processes as well as analyzing the resulting data and writing reports. BPM is part of the Division of Management Services, which works across the Department's program divisions. Throughout the process BPM has worked closely with the Division of Safety and Permanence (DSP), which has oversight authority for the state's child welfare system as well as the state's CQI system.

and other data against the long-term outcomes identified in the “crosswalk” of child welfare practice and outcome measures (Appendix B). From there, DCF will partner with local child welfare agencies and others to engage in improvement projects to address the areas of challenge most correlated with positive outcomes for children.

Background

Federal Child and Family Services Requirements and Wisconsin’s Child Welfare CQI System

Federal regulations require all states to have a quality assurance system in place to regularly assess the quality of services under the Child and Family Services Plan (CFSP) and to ensure that there will be measures to address identified problems as part of the CFSP. The Federal Administration for Children and Families Children’s Bureau encourages states to have the following five functional components in their CQI system:

1. Administrative oversight to ensure consistency
2. Quality data collection
3. Case review instruments
4. Sharing of data and analysis on all performance measures
5. Providing feedback to stakeholders and decision makers

The quality of a state’s CQI system is also assessed during the federal Child and Family Service Review (CFSR), which occurs every five to seven years. Wisconsin’s Round 3 CFSR is scheduled for 2018. CFSRs are periodic reviews of state child welfare systems that focus on three goals:

1. Ensuring conformity with federal child welfare requirements
2. Determining what is happening to children and families while engaging in state services
3. Assisting states in achieving positive outcomes for children and families

In 2014, Wisconsin began revising its CQI system to more effectively meet the five functional components of a CQI system.³ DCF, in partnership with local child welfare agencies, the courts and other partners have established the following mission for the state’s child welfare CQI system:

Wisconsin is committed to a Continuous Quality Improvement (CQI) system that supports the assessment and improvement of child welfare practice, processes, and outcomes at the state and local level. Wisconsin Department of Children and Families fulfills this mission by providing resources, tools, and processes to build and sustain CQI at the state and local level.

Wisconsin’s Child Welfare CQI System targets the core outcomes of child safety, permanency, and well-being. It has two key components:

1. CQI performance data, reports and other analytic tools created by annually compiling data from administrative systems, case record reviews, and other relevant sources.

³ Prior to 2014, Wisconsin’s Continuous Quality Improvement system was based around the Quality Service Review (QSR) model. Wisconsin adopted the QSR in 2005 in response to the CFSR Round 1 finding that Wisconsin needed to create and implement a CQI system. The QSR approach involved in-depth case reviews for a small number of cases, including a review of the file (electronic and paper), as well as interviews with key individuals tied to the case, and focus groups with key stakeholders. Each year, nine to 10 counties were chosen to be part of the QSR. One of the essential elements missing from the QSR was the ability to review a large number of cases statewide.

2. Resourcing improvement projects based on recommendations through collaboration with key stakeholders.

The focus in 2015 is on creating an understanding of child welfare practice areas (component 1). To do this, DCF developed new child welfare CQI case record review instruments and processes for each stage of interaction with Wisconsin's Child Protective Services (CPS) system: Access, Initial Assessment, and Ongoing Services. The revised CQI case record review process aims to provide a robust understanding of child welfare practice in the state by examining a representative sample of cases. This is the first of three reports for 2015 focused on statewide case record reviews. This report focuses on Access, the entry point into the CPS system.

The Role of Case Record Reviews in Wisconsin's New Child Welfare CQI System

As part of the new CQI system, case record reviews play a different role than they have in the past, where case reviews were the primary focus. Under the new CQI system, case record review results are considered a data source rather than conclusion or a judgement upon which to act. In the past, the results of the case review identified areas in need of improvement. Using that information, the county reviewed the identified areas and developed an action plan for training and staff development.

In the new CQI system, the case record review instruments (Access, Initial Assessment and Ongoing) are designed to assess decision-making and adherence to Access and Initial Assessment Standards. The results, however, are used to understand how adherence to Standards within key areas of practice is correlated⁴ with the outcomes that DCF seeks for children served in Wisconsin's Child Welfare System. While adherence to Standards is important, the goal of the CQI system is to improve outcomes. By understanding which areas of practice are correlated to the relevant outcomes and by combining case record review results with other key sources of information, DCF and its partners will be able to identify where to focus future improvement efforts.

In 2014, DCF began the process of establishing a practice and outcome review "crosswalk" for Wisconsin's Child Welfare System (Appendix B), which identifies the following items for Access, Initial Assessment and Ongoing Services:

1. Intended results for children and families
2. Administrative/quantitative data
3. Qualitative case practice review components
4. Related CFSR performance item(s)
5. Related organizational factors
6. Outcome measures and CFSR national standards

For Access, the intended result is that children and families referred to Child Protective Services receive appropriate and timely intervention to assess and ensure child safety as warranted and authorized by state law. Future outcomes associated with Access performance measures include the following performance measures:

1. Cases that are screened out do not have a subsequent CPS or Child Welfare Services Report within three, six, nine and 12 months

⁴ Items are correlated when they occur together. Correlations are useful because they can indicate a predictive relationship that can be used to improve practice. For example, if DCF focuses its efforts on ensuring local child welfare agencies follow a policy correlated to timely reunifications, it is more likely that the number of timely reunifications will increase.

2. Children who are alleged victims in a screened-in CPS Report do not have a subsequent screened-in CPS Report within 12 months
3. CPS Reports are screened by the supervisor in a timely manner

This report and future reports will include key results (obtained through electronic case record reviews) on the adherence of case practice to Access and Initial Assessment Standards with the intent of ultimately measuring the relationship between adherence to Standards and the long-term outcomes highlighted above. The results presented in this report are provided as context. While DCF may find that the state is not consistently applying a particular standard at a high rate, this sole criterion is not intended to trigger a corrective action plan. DCF and its partners will use the results to establish a baseline for decision-making and consistent adherence to Standards of CPS Access practice statewide and identify areas of strength and challenge in the Access process, targeting the areas that are most correlated with positive outcomes for children and families. From there, DCF will partner with local child welfare agencies and others to engage in improvement projects to address the areas of challenge.

The Function of Access in Child Protective Services

Child Protective Services is a specialized field of the child welfare system. CPS intervention is warranted whenever there is a report that a child may be unsafe. The purpose of CPS is to identify and alter family conditions that make children unsafe. CPS Access is the process of receiving, analyzing, and documenting reports of alleged child maltreatment. The functions of CPS Access are to:

1. Receive and document reports of alleged maltreatment from the community
2. Identify families that the CPS system must respond to
3. Determine the urgency of the response time
4. Initiate an assessment of child safety and family strengths and needs

The process of receiving reports of alleged maltreatment occurs at the local child welfare agency. In order to ensure that reports are processed quickly and efficiently, local agencies are required to document all reports in the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS). A CPS Report is used to evaluate current and historical family information to understand family conditions and dynamics, which impact child safety. Evaluating historical family circumstances reduces incident-based screening and alerts CPS to pervasive, changing, or escalating conditions or patterns.

The Access worker does not passively receive and record the information that the reporter presents. It is the Access worker's role to seek out relevant information for CPS decision-making, skillfully question reporters and analyze the information for meaning in terms of statutory definitions, Access and Initial Assessment Standards, and safety assessment tools. (See Appendix C for an overview of the CPS process.)

Review Instrument Components

The review instrument (Appendix D) was designed to assess the following sections:

- 1) **Information Gathering.** Review questions in this section assess consistency with Access and Initial Assessment Standards in the collection and documentation of pertinent information from the reporter and relevant records. For example, Access workers are required to gather and record information on current and past maltreatment allegations, as well as child functioning and parental protective capacities. In order to adhere to Standards, the CPS Report must sufficiently and comprehensively document the required informational component, or clearly document that the reporter was asked and did not have said information (or the information was unavailable).

- 2) **Safety Assessment.** Gathering relevant and sufficient information at Access is necessary to assess for present and possible or likely impending danger threats to child safety. Access and Initial Assessment standards provide guidelines for determining family dynamics and/or parental behaviors that constitute present danger threats and possible or likely impending danger threats. Review questions gauge the agency's consistency of information documented according to Standards to assess for present danger and possible or likely impending danger. The assessment of the presence or absence of present danger and/or possible and likely impending danger (referred to as safety assessments throughout this report) is considered consistent with Standards when the local child welfare agency correctly identifies and documents the presence of danger *or* correctly confirms the absence of danger.
- 3) **Screening Decision and Response Time.** Based on threats to child safety and the presence or absence of present danger and/or possible and likely impending danger, agencies make screening decisions, screening in referrals where there is suspicion of abuse or neglect. When referrals are screened in, agencies must assign the required response time for initial face-to-face contact. Questions in this section measure the consistency of the screening decision based on Access and Initial Assessment Standards and assigned response time (same-day, 24-48 hours, or within 5 business days).
- 4) **Notifications.** In certain situations, Access and Initial Assessment standards require local agencies to provide feedback on CPS referrals to outside agencies or individuals involved within a specified timeframe. Questions in this section assess adherence to Standards in sending required notifications to law enforcement agencies, tribal agencies, and mandated or relative reporters when applicable.
- 5) **Reasons for Screening Error.** Review questions in this section are answered only if the screening decision was determined to be inconsistent with Access and Initial Assessment Standards. In these cases, reviewers were asked to select one or more reasons why the screening decision was inconsistent with Standards, and then select a primary reason.

The possible answers for each question depend on the nature of the question. For some questions, such as, "Was the screening decision correct?" the available options are simply "Yes" or "No," where "Yes" indicates a screening decision consistent with Access and Initial Assessment Standards and "No" indicates a screening decision inconsistent with Standards. For other questions, primarily in the Information Gathering section, the possible answers are variations of "All," "Some," or "None," such as the question regarding documentation of potential American Indian heritage. In this example, an answer of "*some* alleged victims" (meaning American Indian heritage was addressed for at least some required children but not all required children) implies that Standards are known, but not consistently applied.

Methodology

Sample Selection

In order to examine CPS Access practice statewide, DCF sought to conduct case record reviews on a large, representative sample. Data from eWiSACWIS (through the *SM02X100 Access Enhanced Report*) was used to compile a random sample from the state's population of CPS Access reports created during the 2014 calendar year. Special considerations were given for dividing the sample appropriately between reports from the Bureau of Milwaukee Child Welfare (BMCW) and the Balance of State (BOS), given the high volume of child welfare cases pertaining to Milwaukee County.

Quantitative Data Analysis

It is important to note that this report does not attempt to establish the impact of Wisconsin's child welfare policies. As such, this report cannot say that adherence to Access and Initial Assessment Standards in the application of a certain policy *caused* an outcome. Rather, the report looks at how CPS practice as measured by adherence to Standards is correlated, or related, to certain outcomes.

In order to measure adherence to Access and Initial Assessment Standards, it was necessary to operationalize concepts defined in the Standards; these concepts were the basis for the five sections of the case record review instrument. (See Appendix A for description of how the instrument was developed; see Appendix D for a copy of the review instrument.) In general, each section contains multiple questions that reflect the requirements set forth in Standards, with each question representing one construct (i.e., one required element). Each answer is categorized as "positive" (meaning Access and Initial Assessment Standards were followed consistently) or "negative" (meaning that Standards were not followed consistently). In several instances there is more than one possible positive or negative answer. That is, the answers reflect the different acceptable ways to follow Standards (such as in Information Gathering, where the local agency must adequately document required elements *or* clearly indicate that the reporter was asked and did not have the information) or the varying degree to which Standards were not followed (such as sufficiently documenting a required informational element for only "some alleged victims" or leaving a section of the CPS Report blank). As the review instrument is completed electronically (using Microsoft Access), each possible answer is automatically labeled (e.g., "positive1," "negative2," etc.), in the database for all data elements, allowing for analysts to arrive at the number of reports where case practice adhered to Standards for every question/data element and to perform further coding for more complex analyses.⁵

Data from the case record reviews were merged with administrative data on the reports in the sample (including allegation types and demographic data) in order to address questions surrounding CPS Access case practice and outcomes, particularly in regard to the relationships between adherence to Access and Initial Assessment Standards in information gathering and assessment of safety and screening decisions consistent with Standards. Variables for statistical testing were chosen based on hypotheses formulated by experts in Child Protective Services from the Department in collaboration with the University of Wisconsin-Madison School of Social Work. These variables included elements of information gathering deemed critical for safety assessments and/or screening decisions that are consistent with Standards, as well as allegation type, alleged victim demographics, and reporter type. The variables were tested to

⁵ Initial data cleaning and preparation occurred in Excel, including binary coding of variables for statistical analysis with values of 1 for positive answers and 0 for negative answers.

determine if they have any association with adherence to Standards in case practice (i.e., information gathering) or on outcomes (e.g., screening decision consistent with Standards).

The data were analyzed using SAS⁶ version 9.4. Additional data cleaning and all statistical testing were performed using SAS. A p-value⁷ of less than 0.05 was used as criteria for all statistical significance testing. Several chi-square tests⁸ of association were conducted to evaluate the consistency of the screening decision with Standards by select Access report characteristics, and to compare information gathering with Access review outcomes and allegation types. Logistic regression⁹ was used to calculate crude odds ratios¹⁰ in order to compute the relative odds of the occurrence of interest and given factors collected during the review. For example, these analyses compared the consistency of safety assessments with Standards to the adequate documentation of certain elements of information gathering, such as the whereabouts of the alleged maltreater.

⁶ SAS refers to Statistical Analysis System, a software suite for advanced analytics.

⁷ In statistical hypothesis testing, the p-value describes the probability of obtaining observed results on the basis of chance alone; the smaller the calculated p-value, the lower the likelihood of chance as an explanation for the observed results. If a p-value is calculated to be <0.05, the findings are considered to be statistically significant, meaning that the relationship is unlikely to be due to chance alone.

⁸ Chi-square tests are used to determine whether there is a significant association between variables.

⁹ Logistic regression is statistical technique for estimating the relationship among variables.

¹⁰ The results of regression analysis give the odds ratio, which is another measure of association between two variables. The odds ratio represents the odds that outcome A will occur, given the presence of B.

Results

Case Record Review Sample

The primary sample¹¹ of CPS Reports was drawn from the entire population of Access referrals received in Wisconsin during calendar year 2014 using data from eWiSACWIS. Preliminary data show there were a total of 73,662 CPS referrals received throughout the state in 2014. A sample size of 271 CPS Reports was necessary in order to achieve results that are representative of the total population of Access referrals received in 2014 with a 90% confidence level.¹² Of the total number of CPS referrals received throughout the state in 2014, 21% came from Milwaukee County. Consequently, 57 reports (21% of 271) were randomly selected from the total of BMCW reports, and the remaining 214 reports were randomly selected from the total of BOS reports. (A distribution of counties in the sample can be found in Appendix G.) Additional reports were also included in an oversample for cases where special circumstances made it impossible to assess the original report. In total five CPS Reports were replaced with reports in the oversample.¹³

**Table 1. Basic Characteristics of Review Sample and Population.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Population [∞]		Access Review Sample	
	N	(%)	N	(%)
Screening Decision				
Screened In	28,024	(38.0%)	109	(40.2%)
Screened Out	45,638	(62.0%)	162	(59.8%)
Reporter Type				
Mandated Reporter	43,769	(59.4%)	178	(65.7%)
Non-Mandated Reporter	29,893	(40.6%)	93	(34.3%)
After Hours				
Yes	4,728	(6.4%)	21	(7.7%)
No	68,934	(93.6%)	250	(92.3%)
Screened Timely				
Screened Within 24 Hours	64,203	(87.2%)	236	(87.1%)
Not Screened Within 24Hours	9,459	(12.8%)	35	(12.9%)

[∞]Based on preliminary 2014 data. See the 2014 Wisconsin Child Abuse and Neglect Report (forthcoming) for official numbers.

¹¹ A secondary sample of Child Welfare Services Reports was also created for an ancillary review.

¹² This sample size was chosen to have the power to detect changes in outcomes measured by the review instrument that are larger than 5%, with a 90% confidence level, 80% of the time ($\alpha=0.05$, $\beta=0.20$). This same power and confidence level is also a federal CFSR Round 3 requirement for ongoing case review. In Wisconsin, an Access review sample of 271 reports will have adequate power to detect a 5% change in adherence to specific Access and Initial Assessment Standards that are collected on all CPS Reports. However, the size of this sample will not have adequate power to detect changes in specific geographical areas or in subsets of cases (for example, Milwaukee County or looking only at physical abuse allegations).

¹³ There were three scenarios that necessitated swapping out reports from the oversample: (1) reports with no identifying information (i.e., alleged maltreater(s) and alleged victim(s) are unknown); (2) out-of-state jurisdiction (screening decision by county outside of Wisconsin); and (3) call termination (reporter hangs up before Access worker can ask remaining questions).

The sample of CPS Reports pulled for the review appears to be representative of the population. For example, of the 271 CPS Reports in the sample, 162 (60%) were screened out and 109 (40%) were screened in (see Table 1). Of the population of 73,662 CPS Reports, 45,638 (62%) were screened out and 29,024 (38%) were screened in (Table 1). Table 1 provides an overview of the basic characteristics of the sample used. Table 2 provides additional details of the demographics within the sample.

**Table 2. Basic Characteristics of Access Review Sample.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

Characteristic	N[∞]	(%)
Report Type		
Primary	237	(87.5%)
Secondary/Non-Caregiver	34	(12.5%)
Allegations		
Neglect	111	(41.0%)
Physical Abuse	73	(26.9%)
Sexual Abuse	41	(15.1%)
Emotional Abuse	6	(2.2%)
Unborn Child Abuse	2	(0.7%)
Multiple	38 [‡]	(14.0%)
Race/Ethnicity Reported of Alleged Victim(s)[^]		
White, Non-Hispanic	125	(46.1%)
Black, Non-Hispanic	63	(23.3%)
Hispanic	20	(7.4%)
American Indian	9	(3.3%)
Other	2	(0.7%)
Unknown [§]	52	(19.2%)
Report Contained One or More Alleged Victim Age 0-2		
Yes	44	(16.2%)
No	227	(83.8%)

[∞] The total number of reports in some categories is not equivalent.

[‡] Of the 38 reports, 32 contained an allegation of neglect in addition to one other maltreatment type.

[^] Although there were 395 children associated with the 271 reports, all children contained within a single report were documented as having the same race.

[§] Unknown race comprises multiple categories: unable to determine, declined, or left blank.

Adherence to Standards in CPS Case Practice

This section highlights key results related to the consistency of safety assessments and/or screening decisions with Access and Initial Assessment Standards and which variables are associated with these key outcomes. The results of each question contained in the review instrument are shown in Appendix H. A general description of how to read the Results tables can be found in Appendix F. A discussion of the results and related recommendations are found in the Discussion and Results sections.

Summary of Review Outcomes

Review results for safety assessments (presence or absence of pending danger and/or possible and likely impending danger) and screening decision are shown in Table 3. For example, of the 271 CPS Reports reviewed, over 92% (248 reports) had a screening decision consistent with Access and Initial Assessment Standards. Of the 237 Primary CPS Reports reviewed, 74% (176 reports) had a safety assessment consistent with Standards for *both* present danger and possible or likely impending danger (meaning that the local agency correctly identified the presence or absence thereof).

Table 3. Consistency of Review Outcomes with Access and Initial Assessment Standards. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

Outcome	N [∞]	(%)
Screening Decision		
Consistent	248	(91.5%)
Inconsistent	23	(8.5%)
Safety Assessment		
Safety Assessment: Present Danger		
Consistent	202	(85.2%)
Inconsistent	35	(14.8%)
Safety Assessment: Possible or Likely Impending Danger		
Consistent	199	(84.0%)
Inconsistent	38	(16.0%)
Safety Assessment: Both PD and ID [‡]		
Consistent	176	(74.3%)
Inconsistent	61	(25.7%)

[∞]Safety Assessments are only completed on Primary CPS Reports. There were 237 Primary CPS Reports in the sample.

[‡] Accurate here means BOTH present danger and possible or likely impending danger were accurately assessed, while inaccurate means ONE or BOTH were inaccurately assessed.

Screening Decision

Allegation type was associated with the consistency of screening decisions with Access and Initial Assessment Standards. Table 4 shows a cross-comparison of screening decision consistency and allegation type. For example, 90% of reports with neglect allegations had a screening decision found to be consistent with Standards (compared to 10% that had an inconsistent screening decision) and nearly 85% of reports with physical abuse allegations had a screening decision consistent with Standards (while 15% had an inconsistent screening decision). The observed difference in the consistency of screening decisions with Standards by allegation type is statistically significant, as denoted by an asterisk. (The number of asterisks increases with higher levels of significance.)

Table 4. Consistency of Screening Decision by Allegation Type.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

		Screening Decision**			
		Consistent		Inconsistent	
		N	(%)	N	(%)
Allegations					
	Neglect	100	(90.1%)	11	(9.9%)
	Physical Abuse	62	(84.9%)	11	(15.1%)
	Sexual Abuse	41	(100.0%)	0	(0.0%)
	Multiple/Other [∞]	45	(97.8%)	1	(2.2%)

**This relationship was statically significant at $p \leq 0.01$.

[∞]Multiple/Other includes all reports that have multiple allegation types (N=38), allegation types of emotional abuse (N=6), or unborn child abuse (N=2)

A safety assessment consistent with Access and Initial Assessment Standards is also highly associated with a screening decision consistent with Standards, as shown in Table 5. For example, those reports with a screening decision consistent with Standards also had a consistent assessment of present danger 95% of the time (while 5% of reports that had a screening decision inconsistent with Standards had a consistent assessment of present danger). When the CPS Report did not assess for present danger in a manner consistent with Standards, screening decisions were less likely to be consistent with Standards; 63% of reports with an assessment of present danger inconsistent with Standards had a screening decision consistent with Standards.

Table 5. Consistency of Screening Decisions and Safety Assessments with Access and Initial Assessment Standards.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

		Screening Decision			
		Consistent		Inconsistent	
		N	(%)	N	(%)
Safety Assessment					
	Safety Assessment: Present Danger				
	Consistent	192	(95.1%)***	10	(5.0%)***
	Inconsistent	22	(62.9%)***	13	(37.1%)***
	Safety Assessment: Possible or Likely Impending Danger				
	Consistent	186	(93.5%)**	13	(6.5%)**
	Inconsistent	28	(73.7%)**	10	(26.3%)**
	Safety Assessment: Both PD and ID				
	Consistent	171	(97.2%)***	5	(2.8%)***
	Inconsistent	43	(70.5%)***	18	(29.5%)***

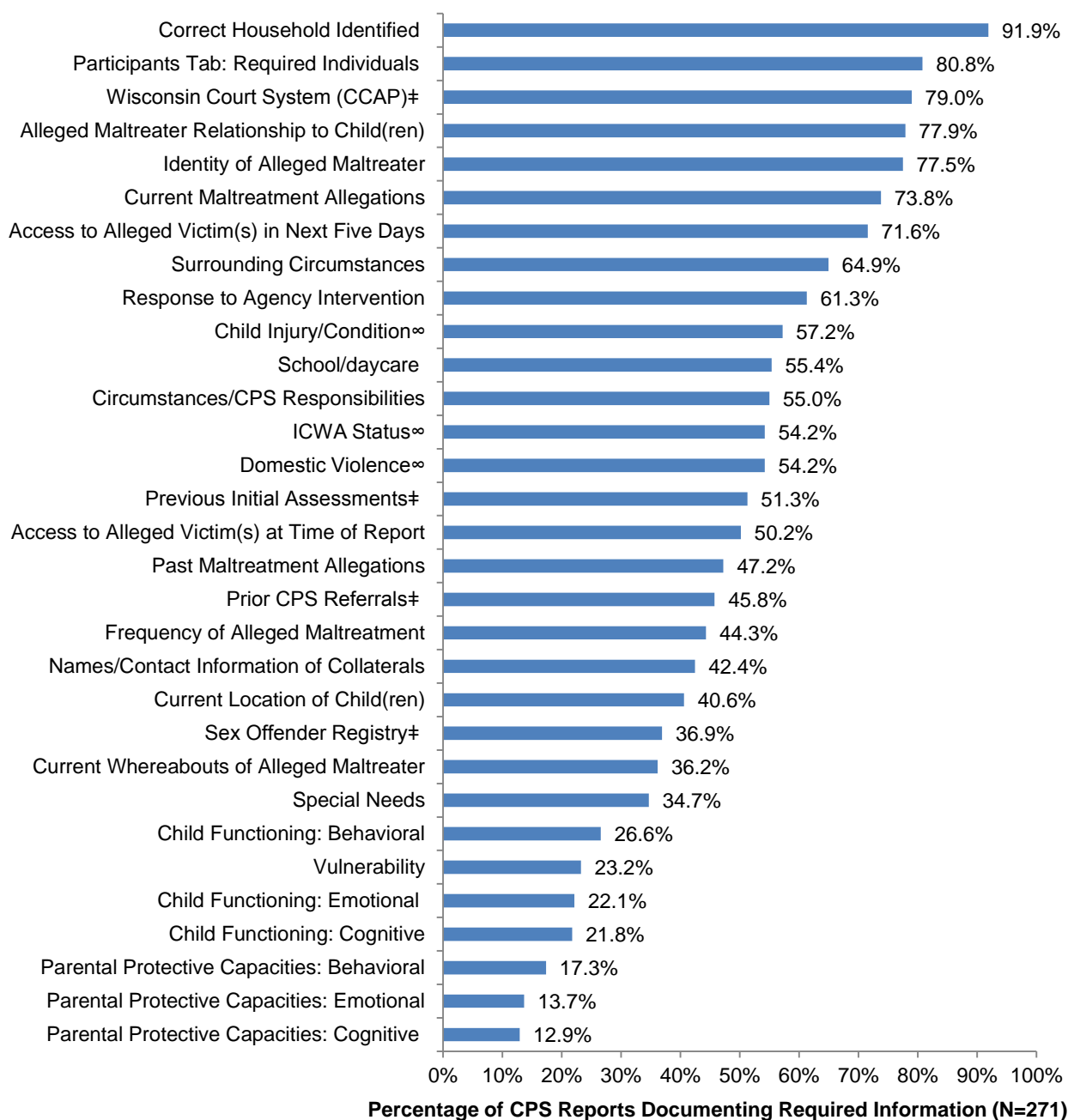
*Significant at $p \leq 0.05$; ** significant at $p \leq 0.01$; *** significant at $p \leq 0.001$

Additionally, safety assessment consistency based on Access and Initial Assessment Standards was tested for association with allegation type, but there were no statistically significant results (not shown).

Information Gathering

Figure 1 shows the percentage of reports that adhered to Access and Initial Assessment Standards in information gathering through the adequate documentation of informational components required in all CPS Reports. For example, 92% of CPS Reports adhered to Standards in identifying which household to assess, and 13% of the CPS Reports reviewed adhered to Standards regarding documentation of parental cognitive protective capacities.

**Figure 1. Percentage Following Information Gathering Standards for All CPS Reports.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

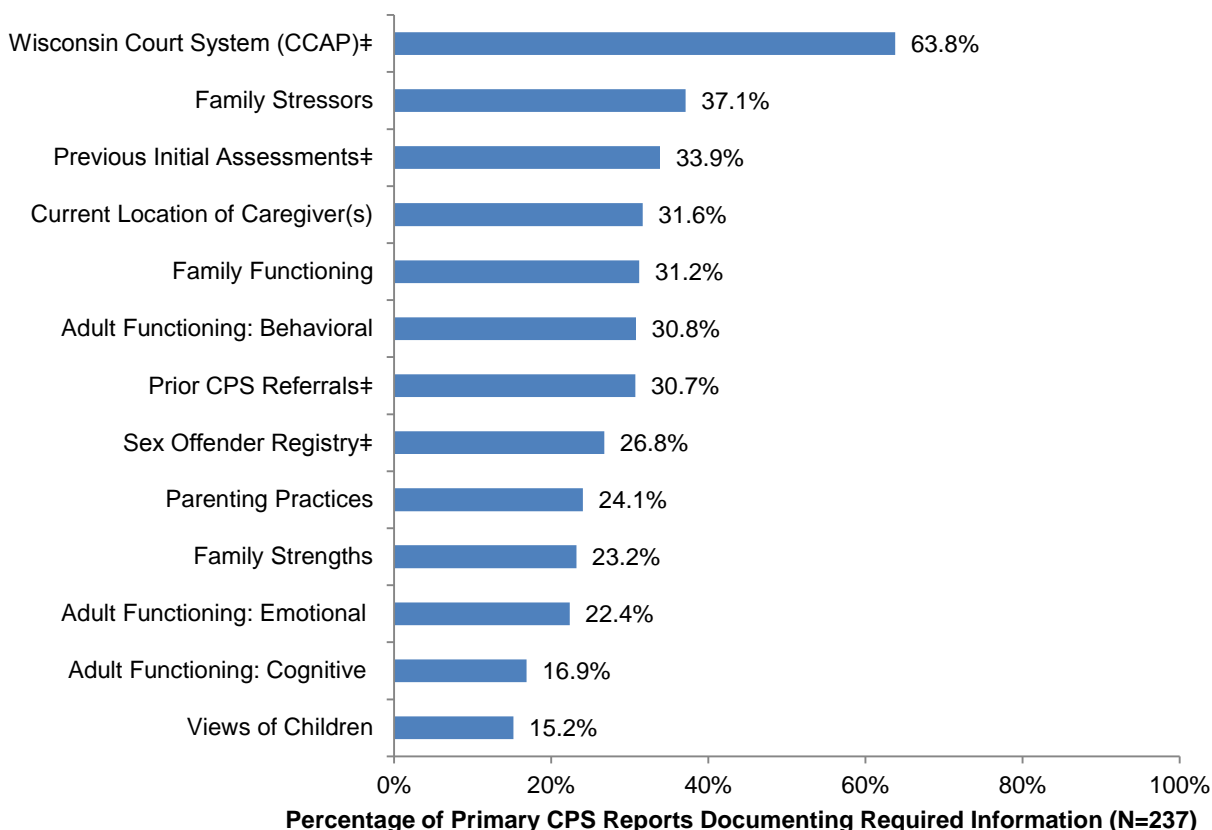


∞ Results obtained prior to secondary review (See Appendix E)

† Indicates required records searches for alleged maltreater(s)

Figure 2 summarizes the results of additional information gathering components required in Primary CPS Reports. For example, 64% of the Primary CPS Reports reviewed adequately documented the record search of the Wisconsin Court System (CCAP) for household members of the alleged victim, and 15% of the Primary CPS Reports reviewed consistently documented the parents/caregivers' views of the child as required by Access and Initial Assessment Standards.

Figure 2. Percentage Following Information Gathering Standards for Primary CPS Reports. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.



† Indicates required records searches for other household member(s)

Table 6 shows the association between adequate documentation of 10 elements of information gathering and safety assessments and screening decisions found to be consistent with Access and Initial Assessment Standards. For example, when the whereabouts of the alleged maltreater was adequately documented (or the local agency adequately documented that the reporter was asked and did not know the whereabouts), reports had a screening decision consistent with Standards 98% of the time. If the whereabouts of the alleged maltreater are not adequately documented, the screening decision was consistent with Standards 88% of the time. Adequate documentation of the whereabouts of the alleged maltreater (whether known or unknown) has a strong association with assessing for *both* present danger and possible or likely impending danger in a manner consistent with Standards. If the whereabouts are documented, present danger and possible or likely impending danger are consistently assessed for both present and possible or likely impending danger 84% of the time, compared to 69% of the time when whereabouts are not adequately documented. Looking at these individually, there is a stronger association with assessing consistently for present danger (94% compared to 81%; statistically

significant) than there is with possible or likely impending danger (88% compared to 82%; not statistically significant).

**Table 6. Information Gathering and Consistency of Selected Access Review Outcomes with Access and Initial Assessment Standards.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

Informational Components		Consistent Screening Decision	Consistent Safety Assessment [∞]		
			Present Danger	Possible or Likely Impending Danger	Both Present and Impending Danger
<i>Alleged Maltreater</i>					
Whereabouts	Adequately Documented	98.0%**	93.9%**	87.8%	84.2%**
	Inadequately Documented	87.9%**	80.7%**	81.9%	69.0%**
Current Access to Victims(s)	Adequately Documented	97.1%***	89.8%*	87.3%	80.0%
	Inadequately Documented	85.9%***	80.7%*	80.7%	68.9%
Future Access to Victim(s)	Adequately Documented	91.8%	88.0%*	84.0%	77.1%
	Inadequately Documented	90.9%	77.4%*	83.9%	66.1%
<i>Child Functioning</i>					
Vulnerability	Adequately Documented	98.4%*	96.3%**	88.9%	87.0%**
	Inadequately Documented	89.4%*	82.0%**	82.5%	70.5%**
Cognitive Functioning	Adequately Documented	96.6%	90.2%	86.3%	80.4%
	Inadequately Documented	90.1%	83.9%	83.3%	72.6%
Emotional Functioning	Adequately Documented	98.3%*	94.2%*	88.5%	84.6%
	Inadequately Documented	89.6%*	82.7%*	82.7%	71.4%
Behavioral Functioning	Adequately Documented	97.2%*	90.5%	87.3%	81.0%
	Inadequately Documented	89.5%*	83.3%	82.8%	71.8%
<i>Parental Protective Capacities:</i>					
Emotional	Adequately Documented	100.0%*	96.8%	96.8%*	93.6%**
	Inadequately Documented	90.2%*	83.5%	82.0%*	71.4%**
Behavioral	Adequately Documented	100.0%*	95.0%	85.0%	82.5%
	Inadequately Documented	89.7%*	83.8%	83.8%	72.6%
Cognitive	Adequately Documented	97.1%	96.6%	100.0%**	96.6%*
	Inadequately Documented	90.7%	83.7%	81.7%**	71.2%*

*Significant at $p \leq 0.05$; ** significant at $p \leq 0.01$; *** significant at $p \leq 0.001$

[∞] Note: In total, 91.5% of reports had a screening decision consistent with Standards; 85.2% consistently assessed for present danger; 84% consistently assessed for possible/likely impending danger; 74.3% had overall safety assessment consistent with Standards (both present and possible or likely impending danger).

Another way of stating this relationship is that when the whereabouts of the alleged maltreater was adequately documented, reports were 6.6 times more likely to have a screening decision consistent with Access and Initial Assessment Standards, 3.7 times more likely to consistently assess present danger, 1.6 times more likely to consistently assess possible or likely impending danger (not statistically significant), and 2.4 times more likely to assess both present and possible or likely impending danger consistently (Table 7).

Table 7. Information Gathering and Odds Ratios of Selected Access Review Outcomes. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Consistent Screening Decision	Consistent Safety Assessment			
		Present Danger	Possible or Likely Impending Danger	Both Present and Impending	
Informational Component Adequately Documented:					
Alleged Maltreater					
Whereabouts	6.6*	3.7*	1.6	2.4*	
Current Access	5.4*	2.1*	1.6	1.8	
Future Access	1.1	2.1*	1.0	1.7	
Child Functioning					
Vulnerability	7.3	5.7*	1.7	2.8*	
Cognitive Functioning	3.1	1.8	1.3	1.5	
Emotional Functioning	6.9	3.4*	1.6	2.2	
Behavioral Functioning	4.1	1.9	1.4	1.7	
Parental Protective Capacities					
Emotional	--- ∞	5.9	6.6	5.8*	
Behavioral	--- ∞	3.8	1.1	1.8	
Cognitive	3.5	5.5	--- ∞	11.4*	

* Statistically significant (threshold of $p \leq 0.05$)

∞ Model results not stable (unable to run analysis due to small number of reports in each category).

In examining the association between adequate documentation and outcomes, the cumulative effect of the above informational components was also tested. As shown in Table 8, reports that had more informational components adequately documented were more likely to have a screening decisions and safety assessments consistent with Access and Initial Assessment Standards. For example, for each additional piece of information adequately documented of the 10 tested, the likelihood of having an screening decision consistent with Standards increased by 50% (i.e., 1.5 times more likely to have a consistent screening decision).

Table 8. Cumulative Effect of Adequate Information Gathering and Odds Ratios of Selected Access Review Outcomes.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	For each additional component adequately documented
Consistent Screening Decision	1.5*
Consistent Safety Assessment	
Present Danger Consistent	1.3*
Possible or Likely Impending Danger Consistent	1.1
Both PD and ID Consistent	1.2*

* Statistically significant (threshold of $p \leq 0.05$)

The relationship between information gathering and allegation type was also examined. Table 9 shows the adequate documentation of six required informational components—child injury or condition, current maltreatment allegations, domestic violence in the home, prior CPS involvement, and records checks of the Wisconsin Court System (CCAP) and the Sex Offender Registry (SOR)—by allegation type. For example, when a report contained an allegation of physical abuse, the agency adequately documented child injury/condition 71.4% of the time. In comparison, when a report contained no physical abuse allegations, the agency adequately documented child injury/condition 49% of the time, a statistically significant difference. When the allegation was neglect, there was also a statistically significant difference in the adequate documentation of child injury/condition (48% consistent with Access and Initial Assessment Standards if allegations included neglect, 67% consistent if neglect was not included). Observed differences in the adequate documentation of child injury or condition were not statistically significant between CPS Reports that contained sexual abuse allegations and those that did not.

Table 9. Adequate Information Gathering by Allegation Type.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

Information Element Adequately Documented:	Allegation Type					
	Physical Abuse		Neglect		Sexual Abuse	
	Yes	No	Yes	No	Yes	No
Child Injury/Condition	71.4%***	49.1%***	48.3%**	67.2%**	58.5%	56.9%
Current Maltreatment	82.7%**	68.8%**	68.5%*	79.7%*	79.3%	72.5%
Domestic Violence	54.1%	54.3%	55.2%	53.1%	58.5%	53.2%
Prior CPS Involvement	30.6%	34.1%	31.5%	34.4%	35.9%	32.1%
CCAP Records Check	70.4%	65.9%	67.8%	67.2%	58.5%	69.7%
SOR Records Check	31.6%	31.8%	32.9%	30.5%	30.2%	32.1%

* Significant at $p \leq 0.05$; ** significant at $p \leq 0.01$; *** significant at $p \leq 0.001$

Another way of stating this relationship is that child injury/condition was 2.6 times more likely to be adequately documented when the allegations included physical abuse and 1.1 times more likely to be adequately documented when the allegations included sexual abuse (not statistically significant), but

injuries or conditions were half (0.5) as likely to be adequately documented when allegations included neglect (see Table 10).

Table 10. Allegation Type and Odds Ratios of Selected Information Gathering Components. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Physical Abuse	Neglect	Sexual Abuse
Child Injury/Condition	2.6*	0.5*	1.1
Current Maltreatment	2.2*	0.6*	1.5
Domestic Violence	1.0	1.1	1.2
Prior CPS Involvement	0.9	0.9	1.2
CCAP Records Check	1.2	1.0	0.6
SOR Records Check	1.0	1.1	0.9

* Statistically significant (threshold of $p \leq 0.05$)

Lastly, information gathering with respect to the likelihood of a certain screening decision was examined. Rather than testing the relationship between screening decisions found to be consistent with Access and Initial Assessment Standards (Tables 6, 7, and 8) and the adequate documentation of required elements of information (i.e., adequately documenting the information itself or adequately documenting that the reporter was asked for the information but it is unknown) this analysis sought to determine the effects of the presence of said information. Reports that contained a detailed description of current maltreatment allegations were 1.9 times more likely to be screened in (not shown). The presence of other elements of information—indication of the presence of domestic violence, confirmed past CPS involvement (through adequate documentation of prior history), and description of child injury/condition (or lack thereof)—did not have a statistically significant effect on the likelihood of screen in or screen out.

Discussion of Results

The 2015 review of CPS Access Reports focused on two primary goals and a third long-term goal. The discussion of first goal, establishing a statewide baseline for CPS Access Reports, is detailed below. The results and discussion of results for the second goal, testing the new case record review process, can be found in Appendix A.

A third long-term goal is to use the review findings to identify practices that result in positive outcomes for children. While this report includes results on how adherence to key policies are correlated with screening decisions and the assessment of present and possible or likely impending danger in a manner consistent with Access and Initial Assessment Standards, the report does not include analysis on how the review results are correlated with future outcomes such as re-referrals. Such analyses will come in future reports as more data become available. These targeted analyses may be possible in the future with additional focus on data quality and related factors to the specific question of interest. Specific subgroup analysis (for example, focusing on physical abuse allegations or on specific geographic regions) will likely require additional sample size to be adequately powered. A combination of multiple years of data may enable these analyses.

Discussion of Statewide Baseline Results

This report establishes a baseline in adherence to Access and Initial Assessment Standards and the consistency of decision-making in CPS Access practice based on Standards. DCF and its partners can use the results in this report as a comparison for future reviews. This section discusses the key findings from the review of CPS Reports outlined in the Results section.

The vast majority of screening decisions were found to be consistent with Access and Initial Assessment Standards. As shown in Table 3, 92% of reports reviewed had a screening decision consistent with Standards. This means that in a large majority of the CPS Reports reviewed, the local agency screened in or screened out reports of alleged child maltreatment in a manner consistent with Standards.

However, the baseline for screening decisions consistent with Standards may be biased to a higher percentage for two reasons:

First, cases with a screening decision found to be inconsistent with Access and Initial Assessment Standards were discussed by a panel of reviewers. Most of the original assessments were affirmed but some were overturned by the panel. A similar process was not used for cases determined to have a screening decision consistent with Standards. It is reasonable to believe that if reviewed by a similar panel, some of these cases may be determined to have an inconsistent screening decision. This panel review was conducted as a double check on results that were negative. However, the potential bias was not considered until after the review was completed.

Second, reviewers knew ahead of time what the screening decision was. The reviewer's decision-making could be biased as the reviewer is likely to be predisposed to agree with the original decision. Because of the way eWiSACWIS is structured, users see the ultimate screening decision of all CPS Reports selected on any case for which they search. Having a "blind review" in which the reviewer does not know the county's decision on the case would eliminate this bias.

Another potential issue is that the case record review instrument was constructed in a way that required the reviewer to determine whether the screening decision was consistent or inconsistent with Access and

Initial Assessment Standards. There was no option to say that insufficient information was available to assess the consistency of the screening decision with Standards. While this structure was intentional, it does have some potential downsides. In the field, supervisors have the option to require the Access worker to gather additional information from the reporter prior to making the screening decision if key pieces of information are missing. The current review instrument does not directly assess whether a supervisor, with the information available (i.e., documented in eWiSACWIS), would be compelled by Standards to request additional information before making a screening decision.

Safety assessments were consistent with Access and Initial Assessment Standards 85% of the time. As shown on Table 3, present danger was assessed consistently with Standards 85% of the time, possible or likely impending danger assessed consistently 84% of the time, and in 74% of cases *both* present and possible or likely impending danger were assessed consistently with Standards. Local child welfare agencies assess the presence of present danger and/or possible and likely impending danger to determine the assigned response time; agencies are then required to make face-to-face contact within those timeframes. The identification of present danger requires a same-day response time, possible or likely impending danger requires a response within 24-48 hours, and all other screened in cases require a response within 5 business days. An appropriate response time is meaningful because it helps child welfare agencies with prioritizing incoming CPS Reports.

The consistency of screening decisions with Access and Initial Assessment Standards varied by allegation type. As shown in Table 4, sexual abuse allegations were screened consistently 100% of the time, neglect cases 90% of the time, and physical abuse cases 85% of the time. While it was expected that there would be a relationship between allegation type and the consistency of screening decisions, it was found that physical abuse allegations had fewer screening decisions consistent with Standards than neglect. This could be due to the fact that Access workers have more exposure to neglect allegations since they are more common.

A safety assessment (determining the presence or absence of present danger and/or possible and likely impending danger) consistent with Access and Initial Assessment Standards was found to be associated with screening decisions consistent with Standards. As shown in Table 5, when the safety assessment was consistent with Standards, the screening decision was also found to be consistent with Standards between 94% and 97% of the time, depending on whether present danger, possible or likely impending danger, or both were consistently assessed.

However, there were times when the screening decision was consistent with Standards even though one or both components of the safety assessment were not consistent with Standards. Additional analysis could evaluate the key factors that enabled the worker to make a screening decision consistent with Standards.

Adherence to Access and Initial Assessment Standards in information gathering and documentation had a wide range depending on the specific item. As shown on Figures 1 and 2, demographic information was generally captured for most cases (between 78% and 92% of the time) but more nuanced information like child functioning and parental protective capacities were documented less frequently (between 13% and 35% of the time). The eight areas with the lowest levels of information gathering were related to cognitive, emotional and behavioral adult functioning and parental protective capacities. For Primary CPS Reports, CCAP was captured 64% of the time while other records searches were documented less frequently.

The baseline for information gathering may be biased to a lower percentage because of the way the case record review instrument and instructions were constructed. The review instrument and instructions were designed according to a strict interpretation of Access and Initial Assessment Standards that required that information be documented in a specific part of the Access Report and that workers use specific language to designate that the reporter was asked for the information. A secondary review was conducted for three of the 53 information gathering items in the review instrument in order to preliminarily examine how results would change if using a greater degree of professional judgement (and less strict/literal interpretation of Standards). Reviewers reexamined documentation of compliance with the Indian Child Welfare Act (ICWA) related to inquiry into American Indian heritage for children, documentation of the presence or absence of domestic violence in the home, and documentation of a description of child injury/condition, allowing for more latitude in the degree of information that qualified as meeting Standards. The less strict interpretation provided the reviewer the opportunity to use professional judgement, taking into account the allegations in the report, the report method, and the reporter to determine if the information was available and/or if it was feasible for the child welfare agency to obtain. (See Appendix A for more details on the secondary review process.)

The results of that secondary review showed a marked increase in adherence to Access and Initial Assessment Standards when a less strict interpretation was used. It is possible that if this approach was widely applied throughout the review process, the results would have been higher for all required information gathering items. While this change in interpretation would likely increase the baseline in adherence to Standards for all items, some items would likely continue to have a relatively low adherence to Standards even with a broader interpretation of Standards.

Local child welfare agencies may not be meeting the information gathering requirements set forth in Standards for several reasons. First, the layout of the CSP Report in eWiSACWIS may not be ideal. The workflow in eWiSACWIS may make it cumbersome to fully document all of the many items local child welfare agencies are required to gather as part of the CPS Report. For example, the question about protective parental capacities may be missed because it is contained at the end of the same section that asks how the alleged maltreater will respond to agency intervention.

Second, local child welfare agencies may rely on information collected in earlier areas of the CPS Report. In some cases, it appeared that relevant information was documented in one section of the CPS Report template in eWiSACWIS, but the information was not documented when prompted (i.e., in the required section). For example, documentation in the Maltreatment section of the CPS Report often included information about child injury, but the section that prompts the child welfare agency about child injury was blank or contained inadequate information.

Third, in some cases the child welfare agency appeared to make a screening decision based on information documented only in the initial sections of the eWiSACWIS CPS Report template. This seemed to happen particularly when there was little doubt about the screening decision. In these instances, the local child welfare agency may not have taken the time to complete all of the elements of the Access Report. While the agency may have already had enough information to screen-out or screen-in, the additional information may be helpful in providing context for the Initial Assessment or for future CPS Reports.

Fourth, agency staff may be routinely asking for this information and using it in their decision-making processes but not recording it in eWiSACWIS. Some agencies, for example, may be gathering information first on a paper form and then entering it into eWiSACWIS. Other agencies may have administrative staff enter information after the Access worker has gathered it. If the information is indeed

being gathered but not documented in eWiSACWIS, there is less concern about the decision-making process as it relates to the particular CPS Reports under review. However, families often have multiple CPS referrals over time. According to Access and Initial Assessment Standards, local child welfare agencies are required to consider past referrals, past Initial Assessments and periods of ongoing services when making a screening decision. If key pieces of information are missing from the formal record, it may impair the local child welfare agency's future decision-making.

The more information adequately documented, the higher likelihood of producing screening decisions and safety assessments that were consistent with Access and Initial Assessment Standards. As shown in Table 6, adequately documenting information gathering about the alleged maltreater, child functioning and parental protective capacities was highly associated with screening decisions and safety assessments (presence of present danger and/or possible and likely impending danger) consistent with Standards. Table 7 shows that the odds of having a consistent screening decision increases when these elements of information are adequately documented. The result is that all of the elements of information gathering were positively associated with increased odds of having a screening decision and safety assessment consistent with Standards, even though not all of the odds ratios were statistically significant. The strongest associations were with the whereabouts of the alleged maltreater and the alleged maltreater's current access to the child. This result could stem from the fact that the more that is documented about an alleged maltreater, the better the agency is able to assess for safety threats, or in cases where there is the presence of present danger or possible and likely impending danger, the local agency could be more likely to provide adequate documentation. Table 8 shows that the more informational components adequately documented, the more likely that the screening decision and safety assessment are consistent with Standards.

Adequacy of information gathering varied by allegation type. As shown in Table 9, the likelihood that information is gathered according to Standards varied by allegation type. As expected, child injury/condition is more likely to be adequately documented for physical abuse allegations (71% of the time compared to 48% of the time for neglect). Current maltreatment allegations were also more likely to be adequately documented for physical abuse than for other allegation types. Nonetheless, other connections were less easily explained, such as the documentation of SOR record checks, which one would expect to be higher for sexual abuse allegations than for other allegation types. In contrast, the rate at which SOR records checks were documented were relatively constant across allegation types. This was also the case for documenting domestic violence, prior CPS involvement and CCAP record checks, although CCAP checks were more likely to be captured adequately for cases without sexual abuse allegations than for those with sexual abuse allegations. These same connections were confirmed in the odds ratios detailed in Table 10.

Recommendations

The findings from this report resulted in a number of recommendations both for future reviews and for practice improvements.

Recommendations for Future CQI Access Review

Continue the case record review process by program area (Access, Initial Assessment and Ongoing) in distinct time periods. Focusing on the Access reviews over a defined period of time helped reviewers increase familiarity with the review instrument and increase efficiency in conducting reviews.

Revise the Access review instrument to capture additional information or documentation that may have an effect on decision-making. For example, future Access reviews should include additional questions regarding report method, reports of peer consensual sexual contact, reports of unborn child abuse and reports in which the alleged maltreater is unknown. These are nuances that were discovered during reviewer meetings and data analysis. In addition, improvements to skip logic and validation of a completed Access review should be made to ensure all questions are answered accordingly to address issues such as the inconsistent completion of the last section of the instrument on documenting the reasons for screening decision errors. The Access review instrument should also be modified to capture information that may be found in the entirety of the report, rather than specific sections.

Refine case record review process to eliminate potential biases. There were several areas of potential bias identified in this case record review process. First, cases with a screening decision inconsistent with Access and Initial Assessment Standards were discussed by a panel of reviewers. To avoid potential bias, the screening decision panel should review either a random sample of cases or a sample of difficult cases regardless of the reviewer's determination. Conducting a panel review exclusively on cases that did not meet Standards should be avoided. Second, reviewers knew the screening decision before they began the review. To avoid potential bias, DCF should explore options for structuring the review so that reviewers do not have this information up front. Third, the instrument requires the reviewer to assess the screening decision as consistent or inconsistent with Standards. DCF should consider adding an option that insufficient information was available to assess the consistency of the screening decision.

Formalize the case reviewer certification process before the next Access review in 2016. This includes codifying prerequisites and training that will provide a knowledge base critical to conducting reviews. Information gleaned from the reviewer check-in meetings should be incorporated into the Access review instrument instructions to provide further guidance to reviewers. It is also recommended to incorporate the key elements of the check-in meetings into the future review process along with a means to communicate information discussed with reviewers who are unable to attend.

Practice Improvement Recommendations

Collect more information and conduct additional analyses in future years to better understand from Access workers' perspective why there is variation in the items documented; understand whether measured variation in documentation changes depending on the interpretation of Access and Initial Assessment Standards; and understand how this variation relates to positive outcomes for children. First, additional analysis related to information gathering is needed to understand the large range of adequacy of information gathering. Analysis of Access reviews in future years should include additional evaluations of when "all" information was collected for each information gathering item and when "some" information was gathered but was not considered adequate according to Standards. An

improvement project involving interviews or focus groups could be conducted to better understand how local child welfare agencies approach information gathering, the challenges they experience and their decision-making process when resources are limited.

Second, this review highlighted the need for better data on information gathering. DCF may wish to consider options or situations where information gathered may have a degree in deviation between strict adherence to Standards (i.e., information is in a specific part of the Access Report and the worker uses specific language to designate that the reporter was asked for the information) and allowing for more latitude (i.e., the information is contained somewhere in the Access report and the worker's intent is clear given the context of the report even if the specific language is not used). Recognizing the nuances of the Standards and the reasons for specific documentation practices for certain areas, in future reviews consideration should be given to determine which approach, or both, should be measured for information gathering in general as was done for ICWA, domestic violence and child injury/condition in this review. For example, is the intent to measure compliance with regards to specific language, or completeness of information gathering using a broader interpretation? Both approaches are important and would have their own purpose and results.

Third, it is recommended to examine outcomes comparing the two approaches to interpreting Access and Initial Assessment Standards with respect to these areas. Further analysis could include questions regarding whether cases following the strict adherence to Standards are more likely to have a safety assessment consistent with Standards, screening decisions, or response time. Later in the case lifecycle, it would be valuable to understand if screened-in cases following the strict adherence to Standards are more likely to have Initial Assessment (IA) outcomes that are also consistent with Standards or if this policy has a relationship to other outcomes for children and families such as re-referrals. For example, of those CPS Reports where information gathering for DV was inadequate, was DV later identified as a case characteristic in the IA and/or did the outcomes for these cases differ? Do these outcomes differ by scores on strict versus broad interpretation of Standards? The conversation and evaluation of such questions will allow for a better understanding of whether best practice in this area requires stringent, prescribed language and/or the direction of action needed for technical assistance, training, and consultation.

Provide guidance around documenting key required information and consider updates to eWiSACWIS where necessary. Given that the initial baseline for information gathering is low, DCF should consider providing additional guidance around the documentation of key pieces of information. An important example is documentation of child injury/condition, particularly when neglect is alleged and CPS Access must assess a child's condition rather than a specific injury. Additionally, Access and Initial Assessment Standards require numerous elements of information to be gathered. The Access review instrument asked about one required element per question and this approach may be beneficial to consider in documenting a CPS Report in eWiSACWIS. For example, the current CPS Report in eWiSACWIS pairs the question specific to parental protective capacities with another question about how the reporter believes the alleged maltreater will respond to agency intervention. It may be beneficial to highlight the importance of parental protective capacities by incorporating a trigger mechanism to prompt the child welfare agency to ask high priority questions. Lastly, DCF may wish to consider the value of requiring all elements for all Access Reports versus requiring that a select group of elements be gathered for all Access Reports, as it may not be necessary to gather all required elements of information gathering to make a screening decision consistent with Standards.

Given the high correlation between safety assessment and screening decisions, continue to develop enhanced safety trainings for supervisors and caseworkers. Providing a variety of safety

training tailored to both supervisors and workers will provide a conceptual framework that directs, justifies, and gives meaning to safety intervention practice and decision-making that is consistent across the state.

Conduct additional data analyses using administrative data to determine what factors influence screening decisions. These analyses could be used to answer questions such as whether or not prior CPS involvement, reporter type, and demographic characteristics affect the likelihood of a CPS Report being screened in. While addressing such questions could be done with the Access sample, it would be more appropriate to conduct these analyses using administrative data on all CPS Reports rather than a sample, and such administrative data is readily available. Where existing administrative data is incomplete DCF should make efforts to improve data collection. For example, as there is interest in examining racial disparities across screening decision, a larger subset of (non-white) participants would be needed to determine whether or not a correlation exists. Because the race/ethnicity of the alleged victims in the sample was unknown nearly 20% of the time, it would be difficult to gather enough data to carry out such an analysis using the Access review data due to sample size.

Next Steps

This report is the beginning of the continuous quality improvement process for Access. It explains what is happening in case practice in relation to adherence to Access and Initial Assessment Standards for CPS Reports and establishing a baseline for adherence to Standards against which to measure in future reviews. On their own, measures of adherence to Standards cannot show if what is happening is important. Analyses such as the ones used in this report begin to shed light on how adherence to certain policies is correlated with short-term outcomes like screening decisions consistent with Standards.

Future analysis that ties the results of this case record review to the long-term outcomes identified in the crosswalk (re-referrals, appropriate determination of present or possible or likely impending danger, etc.) will explore whether the information found in this report is important in relation to the outcomes identified. In the meantime, DCF management and the CQI Advisory Committee can use this report in combination with other information sources and projects the state is pursuing to identify challenging areas of practice that are important to pursue as an improvement project.

The improvement projects will further explore why something is happening through use of more in-depth case reviews with interviews of case participants, or through focus groups or deeper data analyses. DCF will work with the CQI Advisory Committee to identify improvement projects. After understanding why an issue is occurring, DCF and the local child welfare agencies engaged in improvement projects will identify a strategy and test it. At that point the CQI process loops back to the beginning with an explanation of what is happening to see whether the improvement project has improved the targeted outcomes.

Future case record reviews and analyses, and subsequent improvement projects based on review results, will provide opportunities to continue enhancing DCF services and promoting positive outcomes for children and families in Wisconsin.